

### Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113  
 Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006  
 UIN: IRDAN113CP0002V01202324

**PARAMETRIC INSURANCE**

**PROPOSAL FORM**

Important: This proposal for insurance will be the basis of any subsequent insurance policy that Bajaj Allianz General Insurance Company Ltd ["Company"] issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.

1. Name of the Proposer ( in full )


**Note:** If proposer is a Pvt/Ltd company, then please mention the full incorporated name of this Company. If proposer is a proprietorship firm then please mention the proprietorship firm name and the name of sole proprietor. If the proposer is a partnership firm, please mention the full name of partnership with names of all partners.

2. PAN/TAN Number

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3. Address for Communication

State																																																													Pin Code																																						
E mail ID																																																																																																			

4. Telephone Number

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5. Please mention detail of the Group/ Association/ Institution/ Corporate Body whose members are being covered under the Policy?

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6. Is the group being formed with the sole purpose of obtaining Insurance?  Yes  No

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7. If answer to Question 6 is "No" please mention the relationship between the members and the group manager for services other than Insurance

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8. Please state whether all members of the Group/ Association/ Institution/ Corporate Body are proposed for Insurance?  YES  NO

9. If answer to Question 8 is "Yes" kindly specify who shall bear the premium? Group Manager  Members  of Group

10. Please mention the total number of persons to be covered initially: \_\_\_\_\_

11. Please mention the expected no of persons to be covered during the policy period? \_\_\_\_\_

12. Coverage Details: (Individual / Group)

Sr. No.	Type of Coverage/ Parameter	Strike	Exit	Unit Value	Notional Payment per unit of deviation	Deductible	Sum Insured	Policy Period	Index Risk Period	Index Phase Period

13. Has any company/Insurer in respect of Insurance Declined your Proposal?

Yes  No

Cancelled or refused to renew your policy?

Yes  No

Accepted your proposal on special terms and conditions?

Yes  No

14. Past Claims Experience, if any YES  NO  ( If Yes please provide details below )

Date of Occurrence	Details of loss	Amount of loss Rs.	Name of the Insurer & Policy Number

**Declaration:**

1. I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to have an insurance policy as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.
2. I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.
3. I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.

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- I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.
- I/We agree for AML (Anti Money Laundering) Declaration applicable as selected from below:

### 1. AML DECLARATION FOR RETAIL POLICIES/INDIVIDUAL CUSTOMERS:

Please Select

#### 1. Declaration for Politically Exposed Person (PEP) to be added in proposal form:

Are you or any of the proposal applicants a PEP\* or a close relative of PEP\*?

If yes, please share the details \_\_\_\_\_

“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial /military officers, senior executives of state-owned corporations, important political party officials, etc.”

#### 2. Consent/Declaration to be added in proposal and claim for CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or National Securities Depository Limited Portal for the purpose of undertaking KYC verification.

#### 3. Consent/Declaration to be added in proposal for Premium paid from own funds:

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

### 2. AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER:

Please Select

#### 1. Declaration for PEP to be added in proposal form:

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I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

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I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

**3. AML DECLARATION FOR GROUP POLICIES:**

Please Select

**1. Declaration for PEP to be added in proposal form:**

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If yes, please share the details \_\_\_\_\_

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**2. Consent/Declaration to be added in proposal:**

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

I/we hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with the Company as and when required.

**3. Consent/Declaration to be added in claim for CKYC no.:**

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry for the purpose of undertaking KYC

**4. AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER AND GROUP POLICIES:**

Please Select

**1. Consent/Declaration to be added in proposal:**

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

I/we hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with the Company as and when required.

**2. Consent/Declaration to be added in claim for CKYC no.:**

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

**5. AML DECLARATION FOR ENROLMENT FORM (GROUP):**

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I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

Date:

\*Signature (Proposer)

Place:

Name:

**\* Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.**

Date:

\*\*Signature (on behalf of the Proposer)

Place:

Name:

\*\* This is required only where, for any reason, the proposal and other connected papers are not filled by the Proposer.

**INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates**

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.